Please type a plus sign (+) inside this box → [+]

RECEIVED
TECH CENTER 1600/1
03 MAR 17 PM 2:00

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/510,332
	Filing Date	February 22, 2000
	First Named Inventor	Zuker, et al.
	Group Art Unit	1647
	Examiner Name	Robert Landsman
	Attorney Docket Number	02307E-098010US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number [   ] → ***20350***
                                      20350

OR

☐ Firm *or* Individual Name	
Address	
Address	
City	
Country	State	ZIP
Telephone	Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Linda S. Stevenson
Signature	*Linda S. Stevenson*
Date	March 13, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ *Total of _____ forms are submitted.